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1. Teenagers—An Endangered Species

1.1 The Question—To Leave Home or Commit Suicide?

Several million teenagers will leave home during the year 1984, either because their parents constantly "bug them" to be something other than what they are or want to be; or because they disagree with what they consider their parents' completely out-dated ideas of morality and behavior. And, for a myriad of other reasons. If the present pattern continues, over 5,000 teenagers will commit suicide, either at home or away from home in some strange hotel room or other alien place.

Experts working in this field of social awareness tell us that adolescent suicide is underreported by a factor of from 25 to 100% and that, for each teen who is successful in taking his own life, there are 50 to 100 unsuccessful attempts. In other words, the potential exists "out there" for double 5,000 successful attempts and that 10,000 or possibly as many as one million teenagers are so emotionally torn that, at some time, they either seriously contemplate suicide or actually attempt to end their own lives.

1.2 Teenagers and Alcoholism

The problem of teenage alcoholism is widespread and serious, according to the National Institute of Alcohol abuse and Alcoholism, as the following statistics attest:

Almost 1 1/2 million young people between the ages of 12 and 17 years have a serious drinking problem.

One of every three high school students gets drunk at least once a month, sometimes more often.

One of every three high school students gets drunk at least once a week and some authorities claim that these figures are underreported and that more realistic studies show that as many as 30 to 50 out of every 100 teenagers get drunk every week.

Many 13- and 14-year-olds sit half-stoned in school classrooms with the full knowledge of teachers and administrators, most of whom find themselves totally at a loss as to how to cope with a worsening situation.

Three times the number of teenagers are being arrested for drunken driving now than were arrested only 15 years ago.

Shockingly, too, drunkenness is now being observed in schools as early as eight and nine years of age.

Consumption of alcohol has increased in the U.S. by 40% since 1960, much of it among the college crowd, but also among adults. In fact, a statistical survey taken in 1950 of 17,000 college students who totally abstained from all liquor found that in 1976, 70% were now users with less than 4% now being abstainers.

Peggy Papp, a family therapist associated with The Center for Family Learning in New Rochelle, New York, is quoted by columnist Lew Koch as saying that alcoholism tends to relay itself from generation to generation. Youngsters see their parents drink and, as Dr. Morris E. Chafetz, M.D., Director of the National Institute of Alcohol Abuse and Alcoholism, says, "Youth drink to achieve a demonstrable measure of adulthood."

In other words, teenagers tend to emulate their parents, Ms. Papp contends that parents are largely responsible for teenage alcoholism and they may have to admit "that the three-martini lunches and regular afternoon bar sojourns constitute drug abuse, just as surely as their teenager's tipling during baby-sitting jobs and stashing liquor in school lockers constitutes drug abuse."

Koch maintains that "teenage alcoholism is going to require honesty and vigilance on both sides of the generation gap." Dr. William Rader, well-known psychiatrist, says that alcoholic parent(s) give disturbing memories, anxieties, worries to a child that can haunt him for the rest of his life. "They just can't walk away from homes like that without scars."

It is scary to realize that some 250,000 infants will be born this year in the U.S. with congenital abnormalities and probably 6,000 of these will be due directly to fetal alcohol syndrome; that is, their mother's drinking problem is directly linked to the deformity. Many of these mothers will be teenage alcoholics.

The problem is not America's alone. According to Michael West, in an A.P. release dated April 2, 1979, in Russia, some children become bottle addicts before they reach the age of ten. It seems that 90% of Russia's alcoholics had their first drink before the age of 15 and fully one-third before the age of ten. It is noted that the greatest increase in alcohol addiction is seen in youngsters at schools and technical colleges.

In Britain there are almost twice as many teenage drunks as only 12 years ago. In 1982, in London alone, there were 4,805 convictions of drunkenness among teenagers and teachers say that alcohol is replacing hard drugs as a school problem.

In West Germany teenagers just ignore laws which ban the sale of liquor to minors and there are willing adults to be found everywhere who will sell alcoholic beverages to children for a profit, regardless of the cost to society at large.

It is said that Australia is becoming a nation of alcoholics with "the number of children with drinking problems increasing at an alarming rate," according to a press release. Fifty-eight percent of all young women at Sydney University admitted to "a dangerous drinking level."

The Church of Scotland said 98% of boys and 96% of the girls in Glasgow regularly drink at age 17.

In all of Great Britain \$132 million is spent each year on publicizing alcoholic beverages on television screens and elsewhere.

In Czechoslovakia alcohol advertising has been severely restricted in order to combat youth alcoholism which, according to authorities, was fast getting out of hand.

In wine-drinking France the problem among young people became so fierce that a government committee addressing the problem has banned serving alcohol at school lunches to those under 15. This is a radical departure for Frenchmen to take. We well recall taking a trip about eight years ago with a number of French children, ages perhaps four to eight years of age, and watching them all served a glass of sweet wine at lunchtime.

Ireland has taken a forward step to combat juvenile drunkenness by banning all advertising of alcoholic drinks on its state-run radio and television stations.

Here, in the general area of Tucson, there are an estimated 38,000 residents with serious drinking problems.

1.2.1 Alcohol Addiction

Alcohol addiction can create serious problems in the future for young people. Canadian findings indicate that chronic alcoholics who drink for ten years or more show significant signs of cerebral atrophy, according to Dr. Peter L. Carlen, investigator at the University of Toronto in Canada. X-ray scans of drinkers show loss of cerebral tissue and large cavities in the brain.

It was pointed out in the Toronto study that addiction becomes so ingrained that alcoholics will seek strange and bizarre ways to satisfy their cravings, going so far, for example, as John Barrymore, the famous actor, who is said to have in his early years "once sipped ethyl alcohol from his yacht's cooling system while the painter Maurice Utrillo reportedly imbibed lamp spirits, benzine, ether and cologne."

When Dr. Elizabeth was counseling at a reform school for juvenile criminals some years ago, she said that all flavorings, such as vanilla and almond, had to be kept under lock and key because the alcoholic inmates would drink a bottle at a sitting! Many became terribly sick after such indulgence but this did not prevent their trying again the next time!

1.3 Other Drugs

We have spent considerable time presenting statistics on alcohol abuse because this is the single most widely-used drug among teenagers and alcoholism will, no doubt, become a matter of concern at times to practicing Hygienists.

However, teenagers are "into" other drugs, too. Marijuana is the most frequently-used drug, after alcohol, among teenagers. A survey conducted at the Institute of Social Research showed that 51% of all teenagers surveyed used marijuana either at some time in their lives or consistently.

The active poison in this plant is cannabinal, a phenolaldehyde. The user "may have dreamlike experiences, with a free flow of ideas and distortions of time and space; a minute may seem like an hour. He may become talkative or pensive and quiet, or unsteady or drowsy." We observed this drowsiness in one teenage user who had confessed to "bombing out" the night before. He just dropped off into a sound sleep while we were talking to him.

Physical reactions may include rapid heartbeat, lowered body temperature, reddening of the eyes, and dehydration. In some cases, gastrointestinal reactions or increased frequency of urination may be experienced.

Prolonged use of marijuana may cause psychological (not physical) dependence. Investigators at the National Institute of Mental Health found that strong doses of marijuana brought on "strong reactions in every subject." Some experiments said the active ingredient in marijuana may destroy or deform the offspring of laboratory animals. Habitual users sometimes showed loss of memory and some difficulty in concentrating. A report issued by the U.S. Department of Health, Education and Welfare in 1974 seemed to suggest that:

1. Habitual male users of marijuana had been found to have depressed sex hormone levels.
2. Female users of the drug who smoked regularly during pregnancy might adversely affect the development of the fetus by decreased oxygen flow resulting from smoking.
3. Drivers of motor vehicles, when under the influence of marijuana, had slower than normal reactions and a reduced ability to concentrate.
4. Marijuana could interfere with the fundamental chemistry of the living cells of the human body.

Note: Researchers have often disagreed on the results of marijuana studies, and sometimes have come to conflicting conclusions. Not all of the side effects that are possible from a drug will necessarily occur in every individual—however, we still harm our bodies by abusing any substance, and certainly by smoking.

1.3.1 Cocaine

Jet Magazine for March 1981 states that in the two years from 1979 to 1981 cocaine use had doubled. This is a truly remarkable statistic. Since that time, it has become the, "in" drug and its use among teenagers who can afford it is on the rise.

The drug is believed to produce psychological dependence but not physical dependence. However, it can have certain alarming after-effects, such as the following: it can produce paralysis of the sensory nerve endings and nerve trunks, resulting in anesthesia (inability to feel pain); it stimulates the sympathetic nervous system, resulting in constriction of the blood vessels and dilatation of the pupils; it also stimulates the central nervous system, resulting in exhilaration and possibly in convulsions, followed by mental and physical depression, especially of respiration.

1.3.2 Heroin and Nicotine

Other drugs, such as heroin and nicotine, are not quite as common when it comes to working with teenagers. The Indiana Department of Health found (June, 1982) that some 14% of the teens studied smoked cigarettes. Users of heroin are more rare. In fact, among most teens, heroin is known as a "bad trip," while drugs such as cocaine and marijuana are regarded as "fun" things.

However, nicotine addiction is established more rapidly than addiction to heroin and experiments by Dr. Michael A. H. Russell, psychiatrist at the Addiction Research Unit of Maudsley Hospital's Institute of Psychiatry in London has concluded that the smoking of just one pack of cigarettes provides some 200 successive nicotine "fixes," which is many times that received by a person first experimenting with heroin.

The frightening thing about teenagers and cigarettes is that their use is increasing and, apparently, no method of advertising about potential for harm appears to have had any impact either on teenagers or upon adults. The total number of cigarettes smoked per year rose 16% during the period from 1965 to 1978, this among all age groups including teenagers.

While some researchers in this field claim that smoking is not an addicting habit, that there are no withdrawal symptoms, no tolerance developed, and no antisocial behavior elicited upon stopping, others claim just the opposite. The Royal College of Physicians in London in a report entitled "Smoking or Health," said that there is evidence of a "nicotine-withdrawal syndrome" composed of "intense craving, tension, irritability, restlessness, depression, and difficulty with concentration" plus objective physical effects such as a fall in pulse rate and blood pressure, gastrointestinal changes such as constipation, disturbance of sleep, impaired performance at simulated driving and other tasks, and changes in the electrical impulses in the brain.

Any person who ever took his first draft of a cigarette and persists in smoking can attest to the fact that tolerance to this drug is developed and that rather quickly, too. And any person who has given up cigarette smoking after smoking for any length of time knows that the experience, to say the least, can be trying. Other nervous reactions are possible, including pronounced irritability, nausea, depression, and so on.

Most researchers agree that nicotine produces widespread effects on both the central nervous system and the cardiovascular and peripheral systems. We have observed that when several packs of cigarettes are smoked every day, that the complexion assumes a strange yellowish tinge which seems to underlie the overall effect. This is especially striking with teenagers.

It is interesting that in recent years researchers have become more concerned about "sidestream" smoke rather than the smoke inhaled by the smoker. Two Danish investigators were the first to call the public's attention in 1974 to the fact that it is the carbon monoxide, and not the nicotine, which is the major toxin for the increased risk of smokers to develop atherosclerosis and heart disease. And, of even more interest, perhaps, is the study which shows that some low-nicotine, low-tar cigarettes actually yield more carbon monoxide than some of the more conventional cigarettes.

"Uppers" and "downers" are also in rather common use among teenagers but to a minor extent when compared to marijuana. These are the mood-altering drugs. They are capable of producing both psychological and physical dependence with prolonged use. These types of drugs were introduced by the medical profession to the public and thence to teenagers as early as the 1930s as a "treatment" for colds and hay fever. They were later found to be "useful" for nervous disorders of one kind or another.

Teenagers in the 1950s found that they could use amphetamine pills to supply an artificially high level of pep." Hence they became known as "pep pills." Some youngsters and adults found they could get a real "high" injecting a solution of a pill directly into the veins. Amphetamines depress the appetite, cause digestive disorders of various kinds and eventually, with continued use, malnutrition with possible respiratory and circulatory problems to follow.

The tranquilizers which were introduced in the 1950s became a favorite with physicians who were called to "treat" cases of hyperkinetic behavior. Young children and teenagers alike are daily given these poisons by school nurses and sit half-aware of reality in the classrooms of America, just so the teachers and parents do not have to come to grips with the realities of incorrect living and eating practices.

However, those teenagers whose bodies have been thus violated *must* come to grips with the fact that these kinds of drugs *do* create physical dependence and that withdrawal can be difficult, indeed.

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2. Teen Challenge—Enlightening Statistics

The following statistics have been obtained through the kind cooperation of the Teen Challenge Program for drug and alcohol abuse, a service which was first initiated in 1958 in New York City. The statistics are in a "Services Research Report-An Evaluation of the Teen Challenge Treatment Program" as issued by the U.S. Department of Health, Education, and Welfare; Public Health Service; Alcohol, Drug Abuse, and Mental Health Administration; and the National Institute on Drug Abuse.

We thank Greg Brewer, Tucson Director of Teen Challenge for his kind cooperation.

TABLE 1

Characteristics of Entrants into Teen Challenge Program

Characteristic	% or x (N=186)
Age	24
Ethnicity:	

% Hispanic	64.0
% Black	20.4
% White	15.6
Education:	
% 9th grade	23.5
% 9-11 grades	60.9
% 12 or more grades	15.6
% Married	29.6
% Admitted under legal pressure	22.5
% Ever arrested	79.0
%Arrested for drugs	47.9
Religion:	
% Catholic	43.6
% Protestant	29.5
% Jewish	1.6
% Muslim	2.7
% Other	0.5
% None	23.1
Heroin Use:	
% Heroin use at admission	87
% Using heroin at least daily	83

Age of first heroin use	17
% Reporting hospitalization for overdose	31
Other drug use at admission:	
% Tobacco	88
% Alcohol	39
% Marijuana	37
% Other drugs	44

TABLE 2

Characteristics of Entrants into Challenge Program at Age 12

Characteristic	% (N=186)
Type of residential community:	
City of 250,000 or more	59.1
City of 50,000-200,000	10.2
City of less than 50,000	15.6
Suburb	10.2
Farm or country	4.3
Don't know	0.5
Living with:	
Both father and mother	69.4
Mother	21.0
Father	3.X

Other person	5.4
In school	97.3
Attending religious services regularly	64.0

TABLE 3

Client Outcome - 1975	Induction Center Dropouts (N=70)		Training Center Dropouts (N=52)		Training Center Graduates (N=64)	
Outcome Data	Pre-Teen Challenge %	Post-Teen Challenge %	Pre-Teen Challenge %	Post-Teen Challenge %	Pre-Teen Challenge %	Post-Teen Challenge %
Heroin Use *1	90.0	18.6	78.9	1.9	89.1	4.7
Alcohol Use	32.9	51.4	36.5	30.8	51.6	17.2
Tobacco Use	91.4	82.9	90.4	63.5	82.8	21.9
Marijuana Use	44.3	48.6	26.9	15.4	37.5	12.5
Obtaining money through illegal means	-	20.0	-	3.9	-	16
Employed/in school	-	57.1	-	61.5	-	75.0
Arrests	80.0	78.6	73.1	55.8	82.8	29.7
Any schooling post- teen challenge	-	28.6	-	21.2	-	40.6
Married/Living with	41.4	57.1	30.8	61.5	23.4	70.3
Health since Teen Challenge reported as good- excellent	-	58.6	-	75.0	-	92.2

Current nervous/emotional problems	-	18.6	-	13.5	-	12.5
Any treatment other than Teen Challenge	40.0	80.0	38.5	63.5	54.7	26.5
Reporting self as:						
Very/Somewhat religious	58.6	88.6	30.8	75.0	26.6	87.5
Not religious	41.4	11.4	69.2	25.0	73.4	12.5
Attending religious services *2	62.9	37.1		48.0	32.8	67.2

*1 An additional 18.6% of Induction Center dropouts, 15.4% of Training Center dropouts and 7.8% of Training Center graduates were using methadone, but it is unclear whether or not this was illicitly obtained.

*2 For Pre-Teen Challenge recorded as "church member."

* Not all the statistics are given here. Those persons wishing the complete report may request same from a local Teen Challenge office or from the National Institute for Drug and Alcohol Abuse, 5600 Fishers Lane, Rockville, Maryland 20857.

The entrants into the Teen Challenge Program considered in the report were largely from the Brooklyn-New York City area (about 90%) and may not be characteristic of all areas. However, they are interesting in that they show that drug usage is found among all races, all education levels, among both married and single. Our personal research shows that drug usage is common also in persons from all economic levels, affluent, economically depressed, in city dwellers and among those who live in rural settings. It is a problem which will come to the attention of the Hygienic practitioner sooner or later in his practice and one that must be appropriately addressed by him/her.

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3. Working With Teenagers

3.1 A Health Class

Not too long ago we were asked by a high school health teacher to address his senior class on some topic we deemed appropriate. He had become mildly interested in Natural Hygiene after attending a lecture of ours some months before and thought the concept should be introduced to his students.

We decided to present the seven steps in the evolution of pathology, a concept we have found usually well accepted by young minds.

We had considerable difficulty in locating the lecture room but, after numerous inquiries, we finally found it hidden deep in the hollow of the earth! The "health" room was actually built underground. It had no windows and all classes were conducted under incandescent lighting. A ventilation system apparently recycled the stale air throughout the building. We learned, on inquiry, that the heating and air-conditioning units were "self-contained," the introduction of outside air being deemed unnecessary except as directed through minimal vents.

It was in this underground dungeon that lectures on health were held. The various rooms in the facility were devoted to activities as diverse as lectures and discussions on hygiene, sex, biology and so on. We silently asked of ourselves, "How can health be taught where health cannot be found?"

Since we had arrived at the lecture hall some five minutes or so before the class was to convene, we had ample opportunity to observe the about-to-be-adults as they strolled into the room. And stroll and shuffle in they did! They seemed totally oblivious to the fact that guest instructors were present and kept up their loud chatter, their calling from one end of the room to the other as friends sauntered in.

As the students took their seats, some immediately laid their heads down on their folded arms, while others just kept desk hopping or from one part of the room to another. It was as if we were invisible.

Suddenly, a rather attractive girl entered the room. Loudly, and completely without hesitation, a male voice rang out and we heard, "Hi, June! Have you made out today, yet?" No one in the class seemed to pay much attention to the question, although a few did giggle. "No," came back the girl's reply. Then the young man said, "That's OK. Meet me after class and I'll take care of that!"

No one in the whole class that we could see either looked up or stopped his chatter. Apparently this open exchange was too common to cause excitement or comment. We had to assume that this kind of public sexual encounter was the "in-thing" among this particular age group.

When the teacher arrived, the chatter, the giggling and the squirming, continued. We observed two or three students who were actually attempting to read. They sat hunched over their books and reclined well back in their seats, not on their buttocks but apparently on some portion of their spinal column. As far as we could see, there wasn't a single straight spine among either the boys or the girls in the entire room, rather a frightening thing when one considers that these young people represent the future fathers and mothers of the coming generation. The teacher was a tall, rather well-developed, young man, but neither his presence nor ours seemed to make any impact on the students. In fact, he had to call them to attention several times before the noise began to subside and some measure of attention was gained.

Since there were some matters of immediate concern to individual members of the class, the teacher took these up first and, while he was thus engaged, we had occasion to take a good look at the seated fifty or so young people, most of whom were between seventeen and eighteen years of age and, since this particular school was in one of the more affluent neighborhoods, we assumed that all the students probably came from upper middle-class homes and that most would probably go on to colleges of their choice throughout the country to continue their education.

As we took a critical look at these teenagers, we saw no health among them. Instead, we saw curved spines housing encapsulated lungs; pimply skins, some overly flushed, some pasty in color; lack-luster hair, overly crimped in the girls and many already thinning in the boys. A lack of vitality was evident in most, so much so that they slouched in their chairs or sat with head drooped to their chests; the hyperkinetic, of which there were many, twisted and squirmed in their seats. We saw not a single person sitting erect at his desk with feet firmly planted on the floor, with head held tall, resting on a well-formed neck. And, not a single person appeared intellectually curious about the topic of the day which had been previously well advertised. They seemed just to be *there* because this class was part of a curriculum required for graduation.

Later that day, we both commented, "Can't they SEE"! Are their teachers, administrators, their parents and physicians, their coaches and health teachers all *blind*? Can they not see that this is all wrong? That this is not health? These are bodies saturated with poison. This is disease, rampant with foreboding

terror for the future not only of these young people but of our nation. How can we, as a nation, hope to survive when these, the children of the most affluent of our people, have so little vitality, such a void of intellectual curiosity, when they look and act as these young people look and act? We asked of ourselves, "If this is the level of wellness displayed by the children of the affluent members of society, what can be said about the children of families less economically secure?"

3.2 The Drugging of Children

Another time Dr. Elizabeth was to speak before a group of sophomore students, tenth-graders. We were requested to meet the teacher in the nurse's office. There we found a group of about ten teenagers lined up sitting in chairs along one wall. When the nurse saw us at the door, she left the group, made her apologies to us and said that she would be with us in a few moments. "I have to give these kids their shots," she said, and off she went. We watched in horror as she went from youngster to youngster and either gave each one a pill or an injection.

After the children had all received their poisons for the day from her reluctant hands, the nurse came back to us and commented, "I really don't like to give these kids these drugs, but their doctors have prescribed them, so I have to!" Of course, we knew why they had been prescribed, but we asked anyway. The answer came back, "Oh! They're all so hyper. The medicine settles them down."

A few weeks ago a mother consulted us about her daughter, age 15. She said she couldn't quite put her finger on what was wrong with the girl, but something was definitely out of character. She had always been a "healthy" child, never a problem but now the girl was too quiet some times and yet hyper at others. Also, she appeared to "leave the planet" on occasion, and was just not "with it." Sometimes, too, she was just plain "moody" and often difficult to live with, crying for no particular reason.

We suggested to the worried mother that it would be advisable to have a comprehensive blood test made. We also requested and received a diet diary for one week and a rather complete medical history which revealed the customary childhood diseases and the usual complement of drugs which had been prescribed on numerous occasions.

Dr. Robert completed the Bursuk-McCarter Bionutritional Blood Test *Analysis and Profile* within the week. We were both astounded and dismayed by what this report revealed. This fifteen-year-old child's body was obviously revving in high gear. Out of the 33 required test readings, at least half were above the optimal level and eight were ready to jump off the chart. We recognized the signs of luxuriant metabolism that had gotten out of hand. Everything confirmed a body well saturated with poisons of one kind or another, poisons that were rapidly wasting this girl's substance.

We immediately notified the mother that we would like to meet with her daughter alone and inquired if the girl had a boyfriend. We learned that she did indeed have a boyfriend and that they were extremely close, almost inseparable. We suggested that he come with the girl and this was satisfactorily arranged. You see, by this time, we were convinced that there might be more here than one would normally expect, and such proved to be the case.

We met with these two teenagers with their parents consent, but without their, parents' presence. We told the youngsters that whatever they told us would be held in the strictest confidence. What we heard on that day was a tale of unbelievable destruction of both body and mind. We have no reason to doubt the authenticity of that confidence. In fact, everything we have heard since confirms it.

When shown the blood test *Analysis and Profile* and, after comparing her revealing *Profile* with that of another reasonably healthy young person, the girl confessed that she had been on drugs since she had been about twelve years of age. She had been introduced to them by her school teacher father, first to marijuana, and then later to cocaine.

The girl's boyfriend who was seventeen years of age, was a heroin addict and it was he who had introduced her to that drug, although they both said they preferred cocaine. They smoked marijuana

several times a week; drank alcoholic beverages including wine, beer, and whatever they could get their hands on. They admitted to being sexually active, having intercourse almost every day in cars, in the school basement, at either his or her home, or at the home of friends when the "gang" had their "sex" parties.

We inquired how they financed their habits and were bid that the young man was a pusher, that he sold drugs to all the other kids at school. When we inquired how much he made, he simply replied, "Enough! Almost all the kids are on the stuff. It's easy money!"

By this time the young people were both talkative and so we let them talk while we sat back and listened. The girl told us that her mother was divorced, had legal custody of her for 6 months a year, and worked. The nature of her employment necessitated her being out of town quite frequently. On such occasions, a friend who lived nearby would look after the girl but the looking after amounted to telephoning every evening at about 10 p.m. to ascertain if the girl was at home. If she answered the phone, it was assumed that she was "safe," even though there was no responsible adult present in the house. On such occasions, with the mother safely out of town and the neighbor several streets removed, the girl and her boyfriend made a night of it, often having their friends in for sex exchange and drugs.

When the mother was in town, the daughter simply told her trusting mother that she was going to a girlfriend's house to study and spend the night. Apparently afraid of her daughter's possible wrath, the mother never checked on her whereabouts. In truth, on many of these occasions, the daughter would be at the boyfriend's house, drinking, and taking drugs. It seemed that the young man had been an unwanted child and his parents apparently didn't care what he did, just so long as he didn't bother them and didn't get into trouble with the "law!"

This was the picture of youth that we received that day: troubled in mind, filled with junk foods, chemicalized soft drinks and drugs; victims of irregular eating, of parents who either did, not care or were too occupied with their own concerns to worry about their children's well-being; children thrown into an adult world without any conscious awareness of the consequences of their own acts; children with immature bodies engaging in sex beyond the full understanding that they might bring children into the world.

3.3 We Consult Our Attorney

We felt obliged to consult our attorney on this case. In this day and age when practitioners of non-orthodox schools, are often under close scrutiny, we keep in pretty close touch with him. We were, of course, righteously angry at the bold neglect and actual emotional abuse inflicted on these young people by neglectful parents and by society at large. We had, of course, been aware of the fact that teenagers were "into" drugs, but this was right in our own backyard, among "our" kind of people, not in Detroit or New York or London, but right *here*. We had been dismayed at learning that almost every single teenager in their peer group was using drugs, some for years. Alcohol was commonplace. No one thought any more about drinking than about going to class. Almost all smoked, either marijuana or regular cigarettes. We felt like shouting to the world, to the parents, the school authorities and to the law about the means and methods being used to push drugs on the school premises, inside and outside of the classrooms. But we listened instead to the voice of caution which, as practitioners, we felt obliged to heed.

We were told that we should and could do absolutely nothing since we had received all this information in confidence. We could not even advise the parents as to their children's health-destroying behavior and practices. Our attorney pointed out to us that the children, if they so decided, could change their testimony and leave us vulnerable. We could prove absolutely nothing.

3.4 We Do the Possible

Subsequently, we met with the parents of the girl in the presence of both young people, the parents

expressing a wish for the boy to be at the consultation, something we do not ordinarily consider. We presented the parents with the results of the blood test and suggested that certain remedial steps should be given immediate consideration. We divulged no confidences. Nevertheless, we did strongly suggest that the proper course of action in this case would be for both teenagers to fast and to do so immediately; that, in the girl's case at least, the need was urgent. The fasting period over, then they should begin a well-planned Hygienic program which was to include the whole spectrum of organic requisites, especially exercise. The two young people thought the idea was "neat," and agreed to follow our instructions, whereupon everybody left quite pleased with themselves.

However, there was no follow-through. We had suggested that the girl should be sent to a Hygienic retreat and, indeed, inquiries were made by the parents as to prices, possible dates, and so on. However, as so often happens with this age group, these teenagers decided to take matters into their own hands because they didn't want to be separated and the boy could not go along with her to the fasting institution. So, without consulting with us, they decided to detoxify themselves! Foolishly, their parents agreed to let them try it.

Probably our students are way ahead of us in our story. Their fasting lasted one day! In that short a time, they began to experience so much pain, diarrhea and vomiting that they had to break the fast. They even began to hallucinate! The mother of the girl became so alarmed at the course of events that she refused all further advice.

We must assume, therefore, that both of these young people are still claiming that their parents, their teachers and all of us adults don't "dig it." Since we have not heard to the contrary, we must also assume that both teenagers are still confirmed drug users and that their bodies are becoming ever more saturated with poisons with every passing day. We know that the day of reckoning will come and that it will be a sad day, indeed, for all concerned, but especially for them.

3.5 The Younger Set

We bring you still a third example because it presents a situation which is somewhat similar, but also different, both in family involvement and in its legal ramifications.

A Hygienic mother brought her 13-year-old son to us. The boy lacked coordination. He could see a ball or other object clearly enough when it was coming toward him, but he could not control his muscles well enough to catch it. He was unable to maintain a proper balance when riding a bicycle, often bumping into his mother when he accompanied her on her morning rides.

The young lad's face was pimply, many of the sores oozing pus. We learned on questioning him that he was hooked on sugared foods—ice creams, chocolate candies, cakes, cokes, and other drugged foods. He had an almost insatiable craving for peanut butter and jelly sandwiches.

Stu was a very pleasant child, extremely good looking if one looked behind the acne and, strangely, did not appear to be hyperkinetic. In fact, he was a rather quiet lad. The pimples, of course, betrayed a highly toxic inner state and it had been these and his lack of muscle coordination that had prompted his mother to bring him to us.

The father in this family was a very physical person. He liked football and other contact sports. The boy, however, seemed to take more after his mother than the father, being rather slight for his age and, as we have said, a quiet sort. However, Stu did want to please his father and had ambitions of becoming a professional soccer player. He said that he knew he was too small to play either football or basketball but thought he could qualify as a soccer player if he could just get his muscles under control. It seems the father was always after his son to "shape up" and be a "man."

Since the boy was well motivated, we set up a program which included a diet more Hygienic than his customary fare but one not so strict as to turn him completely off. The family physician cooperated with us and arranged an appointment for the boy with a physical therapist who designed an exercise program

geared to his specific needs. The mother happily endorsed both programs as did the boy.

Apparently Stu cooperated quite well for a time and showed considerable improvement but, some four years later, we were again contacted by the mother who said she had a "problem." Her son was now a young man, some 17 years of age, and was about ready to be graduated from high school. It seems that he had informed his mother that, at that time, he would be "taking off!"

We decided to meet the mother by herself before tackling the problem, to see if, indeed, it was soluble at this late stage. A very revealing story was hesitatingly imparted to us by the mother. It seems that, in the intervening years since we had last met, the husband and wife had slowly grown apart and were now totally estranged, coming and going in the same house, but as strangers.

The young man, Stu, with the cooperation of his father was busy growing marijuana in the back yard! Stu harvested the weed and then sold it to his peers "at school." We later learned that Stu was actively selling the stuff at the local junior high school and that business was quite brisk, the demand steady. Again, we heard the story, "It's such easy money!"

We learned that both father and son were smoking marijuana and that, over the weekends, Stu, with his father's consent, had "parties" for his school "buddies," both male and female, in the family home.

All we could do in this case was to point out to the mother that both she and her husband were not only contributing to the delinquency of a minor child by consenting to illicit activities but also helping to destroy other parents' children.

It seems that the mother had become extremely weak-willed due to the fact that her husband, in order to protect his easy money, had actually used physical violence on her as a means of compelling her silence. We pointed out to her that because she did not actively protest and even go so far as to destroy the plantings or to forbid the drug parties in her house, that she could not be excused of culpability if the matter were brought to the attention of the authorities. We advised the woman to seek the advice of an attorney and to consult with a marriage counselor.

Again, we went back to our attorney and, as before, he pointed out that we were boxed into a corner. We could not divulge the confidence of consultation. He went on to make a further point. In this case, whatever knowledge we had was based solely on hearsay and, again lacking proof, we could make ourselves vulnerable to a legal suit for considerable damages if a false arrest followed our giving information to the police.

3.7 Methadone and Heroin

This last case was somewhat more successful. The client, a young man aged 19, was referred to us by a counselor at a local hospital who had heard about our work from a staff member at the hospital who had himself been a former client.

Jim had turned himself into the hospital admitting to heroin addiction. He was currently on methadone, a supposedly nonaddictive drug which is used as a "substitute" for heroin by physicians. Jim was a farmer who lived on a ranch near the Mexican border. It was easy for him to get all the heroin he wanted but he wanted desperately to get "clean" of all drugs and so willingly came to our office.

We learned that Jim's main interest was growing fruit trees and vegetables and said his farm was beautiful to behold. He was fully aware of the dangers involved in his continued use of heroin. We further briefed him on the systemic damage possible when any drug, even methadone, is used. Jim listened intently and, being a highly-intelligent person, he agreed that, no matter the cost, he would make valiant attempt to avoid all drugs but would do so on a "step-down" program since he had the responsibility for the care of an invalid mother and the farm and felt that he could not, at this time at least, enter a fasting institution.

We devised a program for Jim which included the Extended Detoxification Plan as given in Lesson 63

on "Hair" but the time intervals were expanded. At the same time, with the hospital's approval, Jim began to reduce the methadone intake—very gradually. He willingly cooperated with an 80% raw food diet since he could use all his own home-grown produce of which he was very proud. This approach was successful to the extent that the methadone dosage was cut in half within a relatively short time.

Jim is still fighting to win and we think he will soon approach his goal of once again being "clean!"

3.8 The Hygienist and the Addict

Addiction to any drug is amenable to fasting. The body saturated with poisons of any kind, including nicotine, heroin, marijuana, cocaine and all the mood-altering drugs, will give up its drugs while on a fast. The so-called "Withdrawal" symptoms of the drug addict are often very severe and include cramps, nausea, "spacing out," chills, violent sweatings, and others of lesser importance. The first few days are the most difficult from all accounts we have read, with symptoms continuing but lessening in intensity and usually concluding within a two-week period.

In drug addiction it is important to fast until the return hunger, the classic signal that the body fluids are clean." However, if the addiction has covered a period of some years, it may prove necessary for the once-addict to repeat the fast periodically, at least for from 10 days to two weeks simply because the "weakness," the tendency to yearn for the addicting poison, often remains.

Many will express willingness and a desire to become cleansed of drugs but only relatively few will be successful in following through. This is largely due to lack of willpower and/or sufficient motivation. One can preach all one wants to about the evils of drug usage. These are all well known to the addict. There has to be a higher motivation to keep him on his cleansing program and that is often difficult to find.

The *National Courier* of July 9, 1976, in an article by Bill Pennewill, claims that Teen Challenge (see previous reference) is the best drug rehabilitation program around. It apparently has a 70 percent "cure" rate. Its emphasis is on the spiritual and they encourage those who seek their help to become "born-again" Christians. No changes are made in their dietary practices except perhaps to avoid obvious "junk" foods.

Teen Challenge, like Natural Hygiene, requires a "tough, cold-turkey approach." Subjects just stop using drugs from the moment they seek the help of Teen Challenge.

The fasting approach recommended by Natural Hygienists has not as yet been properly promoted by those of us in Natural Hygiene. If it were more widely used, its success rate would approximate 100% and fewer former addicts would revert. Additionally, cleansing of the body fluids of drugs would occur much more completely and to rapidly than by any other method. Forty-three percent of those who get off drugs through Teen Challenge become addicted again. After a prolonged total fast, the use of any drug makes the taker on first use so violently sick that more often than not, he never tries a second time!

Obviously, those persons who "get into" drugs do so for a variety of reasons: peer pressure, emotional problems of one kind or another, undiagnosed illness, and so on. Following cleansing of the system by whatever means, the former addict requires help to solve the problems or situations which first caused him to use drugs. We suggest that professional counseling can be very useful. Teenagers need support even more than adult addicts. They should be encouraged to join groups of other like-minded teens. Probably this is a major reason for the proven success record of Teen Challenge and it might be helpful to refer prospective clients to such an organization.

In our discussion we have, from time to time, put forth some signs that may indicate addiction of one kind or another, such signs as nervousness, hysteria, hyperkinetic behavior, drowsiness, inattention, looking away with reluctance to look directly at the practitioner, and other typical symptoms. When these are observed, it may be useful to suggest a private meeting with the young person. On ascertaining the true situation, then the practitioner must present the facts of Hygiene to his young client, telling him

something about the realities of organic existence. He must point out that there are three avenues open and only three: 1. Continuing his present practice with the certainty that his life will either come to an abrupt end through overdosing or will be extended for an indefinite time with increasingly high dosages required and an uncertain future which will include an unknown number of afflictions of one kind or another, including but not limited to, brain and neural damage, atherosclerosis, malnutrition, kidney and liver disorders, many extremely painful, plus cancer; 2. An Extended Detoxification Program which is admittedly seldom successful in its entirety due mainly to lack of will power; and 3. Total Fasting, always at a fasting institution under the guidance of a practitioner experienced in fasting addicts, this to be followed by a carefully worked out regimen including a diet of raw fruits plus a few vegetables and nuts.

3.9 Teen-Clean Retreats

The problem of teenage drug abuse is admittedly out of hand. As we have already commented, Hygienists can play a constructive role in remedying this situation, not only through individual counseling, by means of lectures and by fostering public awareness programs but, in an even more meaningful way, by opening what we like to call Hygienic Teen-Clean Retreats where teenage addicts, regardless of the type of addiction, can come either to fast and/or to learn about how the full application of Hygienic principles in their lives which could produce dramatic results, positive results which could change their present empty lives into a future filled with promise.

We envisage the formation of nonprofit organizations complete with certain tax advantages at strategic places throughout the country, these expressly designed for the rehabilitation of America's youth so that the America of tomorrow can survive. Teen-Clean Retreats, located in strategic areas and having the financial support of able adults, can prove to be competent performers in this field simply because it has been well demonstrated that the full application of the principles of Natural Hygiene can be 100% successful, even in difficult cases!

3.10 Other Characteristic Disorders

In our next Lesson, Number 83, we take a journey through an average lifespan, that of a person unfamiliar with the basic principles of Life Science. The journey is divided into nine stages, one of which covers the period from age 10 to age 20—the years during which the child becomes the adult—or almost an adult!

Since we will be reviewing the disorders so frequently observed at this stage in life at that time, we will simply comment there that the characteristic acute diseases of childhood become less frequently experienced generally after puberty, due (as Hygienists well know) to the fact that wrong habits have so dissipated the life force in this short a time that not sufficient vitality exists among many to power the exodus of a rapidly soaring toxicosis.

Thus it is that we begin to see more serious conditions develop, some of these becoming chronic even at this early period in the life course. Inevitably in such cases, the life span is doomed to be seriously curtailed and, more often than not, the life span that remains, brief as it well may be, will be one filled with pain and suffering.

The acute conditions which do continue into the teen years are readily amenable to Hygienic care. We refer to diseases of the respiratory tract, the various catarrhal involvements; also, to those that afflict the gastrointestinal tract, such as colitis, ulcers, and so on; to the rheumatic pains wrongly associated with growth; to the bane of teens, troubling acne and other disfiguring and annoying skin eruptions. Usually, a few days, a week at most, of fasting followed by a carefully controlled diet will be sufficient to alleviate the conditions that trouble the young person, provided, of course, that the Hygienic regime is always coupled with constructive pursuits, including exercise.

Conditions associated with the emerging sexual awareness may prove more obstinate but not necessarily

so. Several shorter fasts, for example, may be required to correct the female PMS Syndrome, the discomforts experienced by so many young girls prior to the menstrual period, discomforts which, if allowed to continue and worsen, may lead to emotional problems with the married scene.

3.11 Emotions and the Teenager

The teenage years are the years of maturing, of puberty and adolescence, and it is during these years that two general problems are usually presented: 1. Problems associated with sexual maturity, and 2. the many difficulties experienced relating to the approach to adulthood, independence, and self-assertiveness.

In order to successfully make the transition from childhood to full adulthood, teens need education, guidance and suitable role models to look up to and, possibly, even emulate. Without these factors and influences being available, many teenagers will flounder in their confusion, often becoming overwhelmed by fears, anxieties, worries and concerns. These are the teens who are easily swayed and led into anti-social practices of minor and major dimensions.

Were it possible to measure all the impairment and inhibitions of systemic function caused by long-sustained deep emotions such as we have enumerated, we adults might be appalled at the amount of harm done to growing youth by our lack of awareness. It has long been known to Hygienists, especially since the pronouncements of J.H. Tilden, M.D., on the subject, that the maintenance of poise is one of the greatest conservators of nerve energy known and that fear is the greatest nerve energy annihilator of which we have any knowledge.

Many teenagers are afraid, afraid of the unknown world out there, afraid because they lack parental understanding, afraid because they lack a suitable male role model in a family split by divorce or in a family where the parents both work and there is no one immediately available to listen to and explain away frightening situations.

Young people become overly anxious when parents and/or others expect more from them than they are or ever will be capable of producing: the football-lover father who insists that his rather frail son participate actively in contact sports; the mother who failed herself to become the greatest dancer of her generation who pushes her young daughter into dance classes when the child has the secret ambition to become a classic pianist or to paint, or perhaps even to become a fine writer.

Intense feelings produce physiological changes which stimulate certain reactions such as either an accelerated or a retarded pulse rate, an increased or diminished endocrine hormonal secretive action which directly influences all cellular metabolism and/or changes in body temperature.

It is well for us to understand that there are three primary emotions that are especially evident in the teen years: love, fear and anger. Because of their youth and vitality, teen responses are usually more or less immediate—they often seem to come in a flash, almost for no reason. This is why so many adults have difficulty "understanding" the members of this age group. But, we should comprehend that these fierce responses are in proportion to the individual's maturity. Handling our emotions is a learned experience.

Of importance to the Hygienist is the proven fact that when the fluids of the body have been cleansed, emotional control tends to improve. The energy forces of the body are thus directed toward intelligently coping with problem situations rather than buckling under to them either by expressing rage or by simply giving up.

Young people need to be given the opportunity to be successful in small projects, to be allowed to grow into more difficult challenges. Throwing an impossible at a teenager and then expecting perfection can so confuse a young person as to drive him to "show you!" with running away, rebellion, visible disease symptoms and possibly even suicide. Small successes, on the other hand, encourage greater performance because being successful provides pleasurable emotional responses, a more correct type of systemic stimulation.

All disorders which relate to the sexual maturation of the body become of paramount importance during the teen time-frame: anything which influences the appearance of the body or any single part of the body, such as the genitals in the male and the formation of the breasts in the female. If the sexual organs and the body as a whole mature and develop in size normally, the teen is generally happy provided, of course, that all other influencing factors are likewise normal. But, everything else in the teen's environment can be of the highest and most constructive order with some deficiency sex-wise and the teenager will be thrust into deep despair.

When plagued by emotional troubles, the health of the teenager, indeed, that of all humans, will diminish. The digestive system gives immediate response to emotional unrest and the stomach is generally the first organ to register protest. Digestion is inhibited; glandular secretion by all secreting glands can be either impaired or completely stopped. Even the muscular motions of the gastrointestinal tract can be suspended, sometimes for hours during severe emotional travail. This last is especially prevalent among badly enervated individuals with the result that ingested food simply lies *in situ* within the confines of the alimentary canal and is there subject to fermentation and putrefaction. Next to overeating and incorrect eating, mental influences cause most of the digestive upsets from which so many teenagers suffer.

The functional impairments caused by overeating, incorrect eating, and a wide variety of emotional disturbances eventually result in toxemic crises of one kind or another, some of which we have listed. If the causes are allowed to continue, organic changes will follow in due course, these according to inherited weaknesses and the intensity and nature of the toxic debris.

In working with teenagers the practitioner must recognize that whatever the present condition may be that brings the youth to your office, it has been *caused* and that you, working with the parents or other responsible person and the teenager himself, must all do your best, first to ascertain that single cause or multiple causes and then either to remove it (them) completely or to reduce the impact.

Once cause has been ascertained and appropriately dealt with, then a workable plan of action should be presented to all concerned. This plan should provide for successful achievements to follow. For example, suppose the young man or woman is 50 pounds overweight and is greatly troubled by this. The practitioner must explain just how the obesity will be addressed and present reasonable goals to be achieved.

Young women can be driven to the point of hysteria by a bad complexion or drab-looking hair. Young men who are acne-prone can be withdrawn and difficult to deal with. The Hygienist can point with pride to the fact that no one has better looking and finer-grained complexions and/or more luxuriant shiny hair than Hygienists. The fact that you have a plan of action to bring miraculous changes in a young person's appearance can often prove highly motivating.

Suppose the immediate problem is a lack of a suitable role model, either male or female. Then, group participation under the able direction of a well-motivated and suitable adult should be recommended. Group activity should always be directed toward an area of interest to the teenager himself, not to one of interest to someone else as, for example, an overly-zealous parent.

Sometimes parents don't listen to their growing children, being overly concerned about economic and other problems affecting the family. Behavior modification needs to be encouraged in such cases. A first step is actually setting out both a time and a place for parent(s) to sit down and meet with the teenager for the purposes of listening, discussing and advising, all without condemnation, shock or criticism. In the absence of a willing parent, it may be necessary for the *practitioner* to become the confidant.

We remember well one 16-year-old girl who was brought to our attention because of severe digestive cramps, diarrhea, and so on. Her diet appeared to be above average. She was an excellent student in school and appeared to get along well with everybody. A previous physical examination had revealed nothing apparent to cause such a condition.

We decided to have a confidential talk with the girl. We knew, of course, that her father was a minister

representing a very strict fundamentalist group. The girl apparently had no quarrel whatsoever with the precepts expounded by her religious faith. However, we learned that recently a conflict had arisen between her and her parents with regard to the showing of a very fine movie which her whole biology class along with their teacher had been invited to attend.

The girls' parents had forbidden her to attend. This fact had proved a terrible blow to her pride. She was to be the only one in the whole lass who would not be present at the theater party. The particular movie was a fine clean presentation. Several teachers were to accompany the group and they would all be taken to and from the theater in the school bus. Neither we nor the girl could find a single valid reason for her not to attend the showing.

However, we presented her with some reasons we felt she shouldn't *have* to go to the movie. 1. Her parents felt obliged to set standards for their parishioners. 2. They obviously loved her and wanted only the best for her, 3. That so long as she was living with her parents she was in no position to force her will upon them, 4. She was presently unable to fend for herself, 5. In the future, when she was ready for college, it would be her loving parents who would continue to provide for her, and, 6. In return for all the financial support and loving care, she actually was being called upon to do a very simple thing, that being not to watch a few hours of flickering images pass across a screen, images that would be gone from memory within a few days or weeks at most.

We talked on and on that afternoon. We listened, we conversed. That was all that was necessary. Shortly thereafter, all the digestive troubles vanished like magic. Emotional poise had been restored.

All concerned within the family should be encouraged to develop family feelings of togetherness, of mutual understanding of concerns of both parents and child; feelings of joy, pleasantness, satisfaction and, most of all, of a shared love. In other words, they should be encouraged to explore the life adventure together, not separated by miles of misunderstandings.

We encourage new practitioners to study behavior modification techniques. We all need to learn how better to encourage our clients to take "baby steps," to accomplish those small successes which can lead to meaningful emotional development and stability, a state highly conducive to total well-being.

We should at all times remember that teenagers must have their vital needs appropriately met, such as suitable food, clothing and a friendly environment but, for them to reach their full health potential, we must be aware of the fact that they must also have their non-vital needs met as completely as existing circumstances warrant. Furthermore, if the present circumstances are unfavorable, then intelligent steps should be considered in the light of the possible to change them to the extent that they, will more favorably meet the needs of the maturing young man or woman.

3.12 Peer Pressure

In our discussion we have not directly addressed the subject of peer pressure. Since it is more often than not more powerful in the daily life of the youth of today than all the family's needs, desires and aspirations combined, it is important that this subject be considered, if only briefly.

Accordingly, when a youth has been brought to your office with any kind of physical or emotional problem which is adversely affecting his health, and peer pressure has been instrumental in causing the problem (as was true in the case of the minister's daughter), then the interview must be carried out in planned sequence.

First, the youth must be able to admit that he has a problem which needs to be solved. *Second*, that he should not be swayed by his peers when he knows he has the right solution to his problem; *third*, that the problem, if allowed to continue, will prove detrimental to him both now and probably also in the future; *fourth*, the problem must be identified and this as precisely as possible *fifth*, he must be convinced by the evidence that the problem is solvable and that you, his friend and practitioner, have the knowledge of how to solve the problem and that you will show him the ways and means whereby he can overcome the

problem.

When the above steps have been taken, then the young person should be shown, by means of a diagram, that he is now HERE, of course, being in his present unfortunate and unhappy state, a condition of mind and/or body which restricts his forward progress, especially his social and interpersonal relationships with his peers of the opposite sex. A list of negatives should be set forth for due consideration.

Once the negatives have been addressed, then the positive potential should be presented, the going from HERE to THERE, there representing a time and place in which the troubling condition will have been entirely removed and the way laid open before the youth for whatever personal ambition or desires that s/he may have deep within the innermost self to be capable of fulfillment. This is the time to express and set forth the "Positives" which will challenge your young client.

The next step follows logically in sequence. The young client should then be asked, "What will you GIVE, what will you be willing to *do*, to reach the THERE in your life? To open up the doors that are now closed to you? Will you do THIS, and THIS, and perhaps even THAT?"

In proper motivation lies the key to success. This kind of role-playing on paper can often overcome adverse and contrary peer pressure, provided the young person receives kindly and understanding support not only from the practitioner but also from the family. We must convince the teenager that he must do his own thing, not what the crowd wants!

3.13 School Support

While we have many quarrels with the public school system, sometimes support in certain difficult areas can be obtained through working with school counselors as, for example, when the teenager's interests lie in a definite direction, say in the arts, or in music, or in some particular kind of physical activity.

As a part of their extracurricular offerings, schools quite often provide a wide range of club activities: art clubs, bands and orchestras, singing groups, newspapers, theatre groups and others. The counselor can often direct the student to activities with plenty of opportunities so that the student can enjoy success and the activities themselves.

When alerted to specific needs or desires of a student as for example, the yearning of a now spindly lad to develop his muscles, a physical education coach can often provide splendid advice. Teenage barbell sets are now available suitable for young people, girls and boys, with less than average frames. They cost less than \$20 and often are accompanied by an excellent instruction booklet. Sometimes this is all that is required to change tears into radiant smiles of determination.

We suggest that you explore what the schools in your area have to offer. They may provide just what you may need at some future time when you may be called upon to counsel a difficult emotional problem which adversely affects the health of a young client.

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4. Questions & Answers

My 15-year-old son is sullen and depressed. His mother and I have just about reached the end of our patience. We are thinking of handing him over to the authorities. We have always tried to give him the best of everything but now we are losing our minds over this boy. His behavior is affecting his mother's health, too. Do you have any suggestions for us?

Do you think your wife's health would be any better if she were worried about where her son

was and who was taking care of him or wondering if he were in trouble somewhere without any loving member of his family present to whom he might turn for advice or comfort? Again, let me reiterate. A healthy person is a happy person. Your son is sick, and this condition doesn't help his mind. Your son is emotionally troubled by inner hurts, by his toxic condition. You need to set up channels of communication with him, not shunt him off to some strange environment with strangers as companions. Don't ask "Why?" of him, but rather ask "What?" What can we do for you? And, "How?" How can we help you to obtain your goals? Not ours, but yours? Then, begin to improve your family's eating habits, slowly if you must; immediately, if that is possible. Get interested in what he's doing or wants to do. Communicate! But, let HIM do most of the talking. Listen! Most teenagers complain that their parents don't listen to them. Let him open up his thoughts, his ideas, his heart to someone he knows really cares about him. That could be the beginning of a beautiful relationship between you and your son. But, most important of all, see to his nutrition. Get his body cleaned out and he should be just fine!

My daughter is 16. She has had asthma ever since she was 12 years of age. She has been to many doctors. They all just give her drugs and they haven't helped at all. She just seems to be getting worse all the time. She is so unhappy. Can Life Science help her?

Indeed it can! The full application of the principles and practices embodied in the science of life can. Your daughter's body is filled with poisons and these are what is causing your daughter's unfortunate condition. I imagine your daughter had many colds as a youngster and probably experienced many healing crises in the form of some of the familiar "childhood diseases." She was probably vaccinated, too, perhaps several times. I see you are nodding your head. Let me tell you about a 17-year-old girl who was brought to our office by her parents. She also had been kept on various medications. In fact, longer than your daughter, because she had received her first dosing when she was a year-and-a-half old and, up to the day she first came to us, she had continued faithfully taking her pills every single day! During all this time, this girl had never been able to play with a puppy or cuddle a kitten. She had never been able to play ball or run with the other "children on the playground. Now, here she was, in her first year at college. She was still unable to be "one of the gang." Instead, she had to watch what she did and with whom she did it. She had to be careful where she went, too, because of her numerous "allergies." And, above all, she had to be careful to take her pills

We presented to this girl and her parents the solution to her unfortunate condition: a complete Hygienic program which included a 100% raw diet of fruits, a few vegetables with occasional small amounts of nuts and seeds plus, of course, sunbathing, more rest and sleep, walking, etc. We asked the girl if she would be willing to give up her present haphazard way of eating for this new adventure in good eating so that she would have complete freedom from asthmatic "attacks" and her "allergies." We told her to take her time making up her mind, that this was an important decision and that the changes we were suggesting, this new way of living, would be for the rest of her life, from now on, not just for the next few weeks. The parents listened carefully to us and wisely kept silent, knowing full well that this had to be their daughter's decision. The girl thought it over—the time seemed long to us as we waited anxiously but quietly for her decision. Finally, she nodded her head. She was willing! Three years have come and gone. Today this young woman has just about forgotten all about her asthma. She is no longer chained to her medications. Not too long ago, she brought her fiance here to the ranch for us to meet. They are both into jogging, and the young man is learning all about Natural Hygiene. They have great plans for the future, including a family of nonasthmatic babies! Yes! Your daughter can be helped, but it will take three things: 1. Knowledge of what to do, 2. Knowledge of how to do it, and 3. The DOING! We can impart

to you all the knowledge you will need but it will be up to your daughter to complete the job. And you, her parents, can support her in the doing!

My son is 16. I know he is intelligent, but he is difficult to understand. His grades are terrible, his face is pimply and he has very few friends. If he doesn't shape up soon, I don't know what will become of him. I want him to go on to the college where his mother and I went, but he'll never make the grade at this rate. Can you help us reach him?

I think so. The chances are that your son's moodiness, his poor grades, his lack of friends and his pimples are all caused by the same thing: a toxic condition of the body. The ideal thing would be to start out with a fast but, in his present state of mind, this might not be possible. I doubt if you'd get much cooperation from him. So, clean out the refrigerator and cupboards of all the junk foods—and I do mean ALL. Your wife can easily learn how to make delectable treats for him and his friends from natural fruits. She can easily learn, too, how to serve well-combined and more wholesome foods and perhaps you can, too! Make this a family project. Keep lots of fruit on hand. And nuts and sunflower seeds. If there's no junk food lying around, children will eat whatever is handy and they'll really learn to like fruit and vegetables, even if they won't admit it—out loud. Keep a plate of raw vegetables in the refrigerator, bits of carrots, celery, broccoli, etc. Teenagers will grab these, too, when they are hungry and teenagers always seem to be hungry! I can almost guarantee that if you follow my advice, in about three months, or even less, he'll stop objecting to such "far-out" foods because, he secretly will have learned to like them! You'll find that his whole body, including his mind, will improve and his lethargy will disappear, as will the pimples

You can help to motivate him in other ways, too. Find out what he wants out of life, if he knows. If he won't cooperate, then it would seem you and your wife will have no other alternative than to take some "baby steps" but make these a family affair. Everybody in the family should participate. Make little changes at first, major changes as you and he adjust to them. Some suggestions. Perhaps you and your son can take up weight-lifting. Compete with your son to see how fast you progress. Take him jogging with you and invite his pals to join you on the trip and for a watermelon feast afterwards. Get your wife into the act, too. The first thing you know, you'll all have stars in your eyes! Don't expect this all to be an easy trip, either for him, or for you and your wife. Just remember that the world can be terribly confusing place for teenagers. Their bodies are in a state of flux. One moment they are little children wanting to be held and comforted by their mother or father; the next, they are grown-ups struggling to make decisions about matters of vital importance to them. When young people have problems, but don't have a sufficient amount of knowledge to enable them to make judgmental decisions, then you, their parents, must become their mentor as well as their example. And, if they lack willpower and the ability to discipline themselves, then you must supply both the willpower and the discipline. They may not like it at the moment, but they'll respect you now and thank you for your efforts in their behalf as they grow older. But, all this must be done without censure and in a kindly, loving manner. Communicate and explain the why's. It will help them immensely with their doing!

I am 19. I have stomach problems all the time it seems, no matter what I eat. I've been to one doctor after another and to several specialists. They tell me I don't have an ulcer, just a sensitive stomach. I take their pills and a lot of vitamins on my own, but I still have problems. I have a lot of diarrhea and cramps, too. I'm in my first year at college now and this condition is affecting my grades and my social life. Do you have any suggestions?

I sure do! Learn what foods you are physiologically designed to eat and then eat them! Learn about the kinds of food to which your body is best adapted and then learn how to combine those foods, when to eat them and how much and you'll soon find that your stomach will

respond in perfect peace! There are many fine books on the subject. Stay after the class and we'll recommend a few but start with Dr. Shelton's Food Combining Made Easy. Applying the principles you will learn in that little book should end your troubles

Note: Shortly after the above exchange, this young man informed us that he felt "Just fine!" He enrolled in a course of study which taught Hygienic principles of eating and living. He says that getting into "people food" and taking this course changed his whole life around. All this happened just four years ago. We still hear from this young man quite regularly, even though his work calls for him to travel throughout the world. This "remembering" on the part of our students and clients is one of the more, important rewards of being a Hygienic practitioner!

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Article #1: 57% of Teens Flunk Fitness Tests by Mike Feinsilber, A.P.

Fewer than half the youngsters in America are able to meet physical-fitness standards that should be attainable by the average healthy youngster, a study of test results showed yesterday.

Moreover, in some categories, the average older American teenager can't perform as well as he or she could at an earlier age, the analysis said.

For example, the average 15-year-old boy takes 13.3 seconds to sprint 100 yards while his 14-year-old counterpart can do it in 12.6 seconds. The typical 17-year-old girl can do only 38 modified pushups in two minutes, compared with 43 performed by an average 12-year-old girl.

Dr. Wynn F. Updyke, associate dean for graduate studies at Indiana University's School of Health, Physical Education and Recreation, attributed the fallout or leveling off after age 14 to the fact that many schools drop compulsory gym and physical education after the eighth grade.

The findings were based on a random sampling of 7,600 youngsters, taken from tests given four million children during the last two school years.

The physical-fitness testing program is sponsored by the Amateur Athletic Union with underwriting from Nabisco Brands, Inc. Updyke said in future years the results would show whether American youngsters are becoming more or less physically fit.

"Although the basic standards are designed to be attainable by the average healthy youngster in each age and sex group, only 43 percent of participants were able to achieve them during the 1979-80 and 1980-81 academic years," according to a summary of the study.

Updyke said there were no significant differences in test results by geographic region and the scores in 1980-81 were no better or worse than those the previous year.

Updyke said the standards for what the average healthy youngster should be able to do in tests were based on AAU testing that goes back 39 years.

The results show that at age 14, the average boy does 43 bent-knee situps in a minute, 38 pushups in two minutes, makes a 6-foot-3-inch standing long jump and a 3-foot-10-inch high jump, runs a mile in 9 minutes, 37 seconds and sprints 100 yards in 14.7 seconds.

Article #2: Beauty by Dr. Herbert M. Shelton

Hygiene Of Beauty

If there is any truth in the *recapitulation* hypothesis of the evolutionists, certainly the predominance of beauty in the young indicates that, primitively, the race was beautiful. Only as the child merges into adolescence and the adolescent merges into maturity do the evidences of his primitive beauty give way to the ugliness (deformity) that has overtaken the race. We watch a feature or several features gradually become faulty and become more and more exaggerated until positive ugliness is produced. A nose remains flat or becomes too prominent; the cheek bones are sunken or too prominent; the chin either fails to develop or develops too much; the mouth becomes awry, the nose develops lopsidedly; the breasts either fail to develop normally or they become too large; spinal curvature shows up, one leg is longer than the other; defective vision or defective hearing develops.

Not all of these defects are due to heredity. Some are positively the outgrowths of faulty nutrition; others are the result of faulty use of the body, or a lack of exercise, sunshine and other causes of disease. Failure of breast development is an evidence of endocrine deficiency and this is probably most often due to nutritional inadequacies. Large, pendulous breasts represent the accumulation of fat in the breasts and this grows out of food excesses. Heavy hips, heavy breasts and bulging abdomen are three of the most common figure faults of women and these represent physical indolence and nutritive redundancy. The woman who develops a moustache or a beard may, in most cases, perhaps rightly blame this development, not upon her ancestors, but, upon her own endocrine deficiencies growing out of her own wrong ways of life. Ugliness grows as much out of our unHygienic way of life as out of our dysgenic mating.

These deformities and defects cannot be corrected by any external applications. Paints and powders, nylons and silks, jewels and showy objects of various sorts, are all vain and useless so far as the real beautification of the person is concerned. This object can be accomplished only by what Trail called the "cosmetics of the heart and daily life." He advised: "purify and elevate, and harmonize the affections, live nobly, justly, and generously, and observe all the physiological laws that govern the health of the body, and you will need no other cosmetics." So long as we attempt to substitute make-up and grooming for observance of the laws that govern life, we cannot hope to make any real progress towards genuine beauty. Drugs and operations do not remove the causes of ugliness, hence they can be of no value.

There are various reasons for associating ugliness with biological "inferiority;" the term "ugly" can also be understood, in its relations to plants, animals and man as meaning biologically abnormal and unfit. Lack of beauty can result from a lack of good health in the part and in the whole organism. Deformity of the lower limbs can indicate lack of health in the locomotive system; a bad complexion indicates no less a lack in the vital system. The highest degree of physiological excellence requires symmetry and coordination in every part, mirroring a wholesome balance of capacities. Deformities, deficiencies and superfluities are not only incompatible with beauty, but with high efficiency in function.

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Article #3: Living A Happy Life by F. Alexander Magoun

Not every gifted adolescent grows into an emotionally-mature adult with a valid sense of who he is, or of his ability to live a happy productive life. Some wilt under an emotional blight which has nothing to do with economic status, Social position, or education.

The wise youngster, with an eye on the long future, thoughtfully examines his aptitudes and his potentialities. He neither overestimates nor underestimates them. The one will lead to bitter disillusionment, the other to tragic waste. As Frederick Karl says, each of us is born with a package, and we must discover with insight and clarity what the package contains before we can use its contents effectively.

Most young people expect either too much or too little in this world. To make it worse, they expect it too soon. We need time and patience to find ourselves and to reach our expectations achievement can be less at thirty-five than was hoped for and more at sixty than was anticipated.

In the rootless conditions of our industrial civilization it is often difficult for a young person to determine where he is headed. He looks forward to success in business and love, but with no real criteria save the questionable ones of money, romance, authority (approached from the point of view of power instead of responsibility), prestige, and security. He has little realization of how life gets interfered with by the flux of fortune, unexpected death, economic upset, competition, loss of job, or the sudden duty to assume the obligations of a formidable task. The young people of today, seek what Harold Lasswell describes as "security, income, and deference." Fewer of them are looking for what my generation called opportunity. Nevertheless, like us, what they want more than anything else is happiness.

Youth has such obvious assets as vigor, curiosity, enthusiasm, anticipation, light heartedness, romance. There are also grave disadvantages, such as having to decide what to do for a living or whom to marry, without possessing the background wisdom of long experience.

The future is by no means entirely in our own hands. What we do about it is. To be able to stand up under adversity is largely to be able to keep our perspective, our courage, our faith in the future as worth living.

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Article #4: Wit, Wisdom And Willpower by Edwin Flatto, N.D., D.O.

Once upon a time there was a wise man sitting on top of a mountain meditating over a jug of water. A villager, observing him, inquired of the Sage: "Tell me, what is the secret of your wisdom?" The learned man replied, "I fast, meditate and sip this water when I am thirsty." The villager implored him: "Please, I must have some of that water... name your price!"

Reluctantly the pundit agreed to sell him a pitcherful of water for a piece of gold

After paying the price the villager eagerly gulped down the water. A few moments later, upon reflecting over the transaction, the naive one complained to the sage, "Why did I have to pay for this water when I could have gone directly to the spring and obtained it for nothing?"

"See!" exclaimed the wise one triumphantly, "you're getting smarter already!"

Wisdom has been a quality most sought after throughout the ages, and fasting has long been one of the tools used to help acquire it. However, the principle underlying purpose of fasting is the development of self-discipline.

Nevertheless, few of us are willing to recognize the importance of developing this quality. Since time immemorial, wise men have constantly advocated employing this power as the only honest solution to many of our most serious problems. And the fools have never paid heed.

C.J. Van Fleet, in his provocative book, *Conquest of the Serpent*, shows that, throughout legend and folklore, the serpent or dragon has always symbolized lust. The famous allegory, St. George and the Dragon, for example, portrays the seemingly invincible fire-breathing dragon as the destroyer of humanity. St. George, however, possesses a miraculous shining sword which alone can slay the dragon. The sword represents willpower and as soon as St. George learns to use it, the dragon of lust is doomed.

Self-discipline is like physical strength. In order to strengthen our muscles, they must be exercised. Every experienced weight-lifter knows he must start with light weights and by constant practice progress to heavier and harder tasks. Likewise, self-restraint must be diligently practiced by commencing with comparatively easy conquests and gradually progressing to the more difficult feats.

There are those who will not deny themselves the gratification of a single impulse regardless of the consequences. They will throw up their hands and say, "But learning self-discipline is impossible!"

Impossible, no. Difficult, yes!

Sending a man to the moon is difficult also. Nevertheless we do not hesitate to make the effort. Yet learning self-discipline could well be more of an accomplishment.

Some of humanity's most perplexing problems could be speedily resolved by learning and applying methods to Strengthen this wondrous quality of self-control. For instance, an honest approach to the solution of the so-called "population explosion" would be teaching people the means of developing this attribute (self-control) instead of resorting to abortions, contraceptive drugs and other dangerous devices. Another readily-apparent example is given by the millions of overweight individuals who could become slender in short order by its development and application.

Narcotic and tobacco addiction, as well as alcoholism, could be conquered if this characteristic were generally practiced. Even a truly crimeless society might become a reality. This, of course, would mean a major step in evolution to a higher form of humanity. It entails higher ethical standards. It rules out gluttony and self-indulgence. It frees us from the coils of the serpent.

Unfortunately, the so-called "old-fashioned" virtues of self-control and self-restraint are no longer respected. Today we are living in an era of materialism and conspicuous consumption. Buy now—pay later! Enjoy now—suffer later! Gratify all your appetites instantly! Why bother to practice self-restraint or self-denial? This attitude shows up in our current moral codes and the growing crime rate. "Credit" may play an important part in keeping the wheels of our economy turning; however, for millions it has become symbolic of a self-indulgent way of life. We are never taught the most important quality in life—the art of mastering one's self.

As mentioned previously, fasting has long been recognized as a potent tool for the development of self-control, and for releasing the full potential of the human mind. Fasting, however, like exercise, is a *means* to an objective, not an objective in itself. One important purpose of fasting is to instill and reinforce self-discipline. Consequently, if this objective is not diligently followed after the fast, much of the benefit of the fast may be sadly wasted.

The pendulum has surely swung to the extreme in our hedonistic existence. Isn't it about time to re-examine our thinking, our attitudes and practices? Or shall we continue the same approach as the fool in our parable who thought he could acquire wisdom by merely buying water with gold?

Article #5: Kids On The Run

Who Runs?

Estimates of the current number of runaways range from 600,000 to two million. Many runaways are back home within a week. Of those who don't return, only a handful ever reach one of the 700 shelters set up for them across the country.

Technically, not all of them are runaways. Some are what youth workers call "throwaways"—youngsters forced out of their homes by abusive parents or made to feel unwelcome for economic reasons.

Officials of the Health and Human Services Administration says that more than half of all runaways have been physically abused, and that most are not reported missing by their parents.

An extensive survey of 14,000 households conducted by the Opinion Research Council of Princeton, N.J., revealed these facts about runaways aged 10 to 17:

1. About three percent of the households with children in that age bracket had a runaway child.
2. Most runaways are between the ages of 15 and 17.
3. Almost half (47 percent) of the runaways are girls.
4. The children of white-collar workers are as prone to leave home as those of blue-collar workers.

Why Do They Run?

The reasons for leaving home are as varied as the youngsters themselves. Sometimes there's no apparent reason.

For some running away is an act of self-preservation, even though it is fraught with danger. On a Christopher Closeup television program, William Treaner, founder of the National Youth Work Alliance and a former runaway himself, observed:

"In a number of cases, family life has deteriorated to such an extent that making a decision to leave can, in fact, be a fairly healthy decision."

Says William L. Pierce, president of the National Committee for Adoption: "Sexual activity is one of the major reasons why young people run. In a few cases there is sexual abuse in the home. Or it may be a young man who has fathered a child out of wedlock and is concerned about his situation. Mostly, it's a pregnant young woman caught in a situation where she feels she can't stay at home, can't talk to anyone."

A study undertaken in Boston uncovered these reasons for leaving home:

"I have no one to talk to at night." "My family did not want me." "It's better to get beat up by a stranger on the street than by someone you care about at home." Still others cite reasons such as these: "My teachers picked on me." "I got in with a bad crowd." "I was always getting in trouble."

After Running, What?

Sometimes the experience of running away brings a change of heart. Wendell Marthers ran away from his Pennsylvania home to find "movie stars, glamour and beach boys." Instead, he recalls being "scared just about every day I was gone, worrying about being arrested, about being killed or beaten up."

And he was beaten up—six times. He returned home five years after leaving.

However, one large shelter reports that only 10 to 12 percent of the youngsters it serves are successfully reunited with their families. The others?

Some of them "develop families on the street," according to Lois Lee, director of Children of the Night, a Los Angeles program to help youngsters break away from prostitution. "They'll form groups and look out for each other."

To survive, some youngsters turn to prostitution and crime. As Treaner observed on Christopher Closeup: "It's a very tiny minority—less than one-half of one percent, if that—who are able to run away from home, to find a place to live, to find a job, and to establish themselves independently.

A few reach a runaway house. Dr. James Gordon of the National Institute of Mental Health says such temporary refuges offer young people "a time and a place for themselves, a chance to take a critical and often compassionate look at the families with which they have been hopelessly struggling." The family discovers that impasses may be broken, that choices are possible and that differences do not necessarily spell disaster.